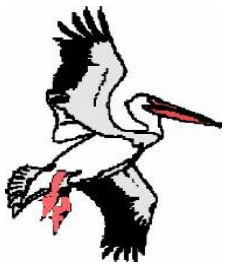

Spread Your Wings!

U3A Central Coast (NSW) Inc.

The Secretary
U3A Central Coast (NSW) Inc
PO Box 1239
GOSFORD NSW 2250

Application for Membership

PLEASE PRINT CLEARLY

** Mandatory

Mr Mrs Ms Miss Dr **

Given Name _____ Family name _____

Address ** _____

Preferred Phone** _____ Other _____

Email _____

In the event of illness, please notify:

Name _____ Phone _____

Name _____ Phone _____

Prior Occupation _____

Skills _____

Interests _____

Would you consider being a volunteer? Yes No (Circle)

On call Committee Catering Data Entry Leader Office Tutor

**Where did you hear about U3A Central Coast? _____

I hereby apply to become a member of U3A Central Coast (NSW) Inc. and agree to abide by the Constitution of the Association (copy available on request from the Secretary or on website).
Membership will not be granted until the completed application form and payment have been received. Please include as much of your last name and first name as possible in the reference

Annual membership - **$50.00** *(membership runs from 1st December to 30th November)*

I have paid by EFT ☐ or enclosed a cheque ☐ or money order ☐.

EFT is the preferred method of payment. Please include as much of your last name and first name as possible in the reference.

EFT payment details:	Bank Name:	Newcastle Permanent Building Society
	BSB:	**650-000**
	Account No:	**548276707**
	Account Name:	U3A Central Coast (NSW) Inc

Cheques/Money Orders to be made payable to "**U3A Central Coast (NSW) Inc".** Please write your name on the bank of the cheque/MO.

Signature _____ **Date** _____

THE UNIVERSITY OF THE THIRD AGE

Phone: 0408 704 701
Email: u3a@centralcoast.u3anet.org.au
Website: www.centralcoast.u3anet.org.au